2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004711

FILED Mar 19, 2009 Secretary of State

Entity Name: STONEGATE AT SILVER LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 32-0061880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 W. SR 434, SUITE 5000 LONGWOOD, FL 327795044 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BELCASTRO, JOSEPH Name: Name: 33336 IRONGATE DR Address: Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition ROBERTS, VANCE Name: REIHER, PEGGY Name: Address: 10209 GRANITE CT Address: 33226 IRONGATE DR City-St-Zip: LEESBURG, FL 32778 City-St-Zip: LEESBURG, FL 32778 Title: () Delete Title: SD (X) Change () Addition MOLER, STEPHANIE GAINEY, HEATHER Name: Name: 33339 IRONGATE DR 33402 IRONGATE DR Address: Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: LEESBURG, FL 34788 () Change (X) Addition Title: () Delete Title: TD COE. DIXIE Name: Name: 33148 IRONGATE DR Address: Address: City-St-Zip: City-St-Zip: LEESBURG, FL 34788 Title: () Delete Title: () Change (X) Addition SANKO, JAMES Name: Name: 33141 IRONGATE DR Address: Address: LEESBURG, FL 34788 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH BELCASTRO PD 03/19/2009